Burgaw Incubator Kitchen Tenant Application

Name:	Date:
Phone: Email: _	
Mailing Address:	
Preferred method of communication:	
Tenant Type (please choose one):	
Entrepreneur tenant (all persons using ki	itchen for business or for-profit purposes)
Personal use tenant (only use the kitchen	to cook for themselves, friends, and family)
Non-profit or community use tenant (u emergencies)	se kitchen for fundraisers, community events, and
Please circle all activities you are applying fo	r:
Culinary Class(es)	Cooking for non-profit or community purpose
Catering for Depot Event Center (preparing food in kitchen)	Processing of baked goods, produce, acidified foods dry mixes, jams and jellies
Catering for Depot Event Center (plating only)	Product development
Off-site catering (limited service)	Other (please specify):
Cooking for personal use	
Please attach a full description of your propo the following information:	sed business or use of the kitchen, including
All potential kitchen users	
• List of all food products you intend to ma	ke/menu
 List of all equipment needed 	
 For culinary classes and caterers, please f Addendum 	fill out the Fresh Food Producer Application
•	orth Carolina Department of Agriculture & provide a copy of all written information they
Name and Title	Date
OFFICIAL USE ONLY Received on	, 20 by